

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 39/424 036 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	6	/	/	/	/	/
4	6	/	/	/	/	/
5	6	/	/	/	/	/
6	6	/	/	/	/	/
7	8	/	/	/	/	/
8	8	/	/	/	/	/
9	8	/	/	/	/	/
10	1	/	/	/	/	/
11	1	/	/	/	/	/
12	1	/	/	/	/	/
13	1	/	/	/	/	/
14	1	/	/	/	/	/
15	1	/	/	/	/	/
16	1	/	/	/	/	/
17	1	/	/	/	/	/
18	1	/	/	/	/	/
19	1	/	/	/	/	/
20	1	/	/	/	/	/
21	1	/	/	/	/	/
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	19		19			
TOTAL CLAIMS	21		21			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY